



INDIANA ARTS COMMISSION

Connecting people to the arts

SAMPLE NOI AND APPLICATION

This program is funded by the Indiana General Assembly and the National Endowment for the Arts. Inform your communities and elected officials about the importance of public arts support to your organization and its activities.

**THIS APPLICATION WILL BE MADE AVAILABLE UPON REQUEST IN
LARGE PRINT, BRAILLE, AUDIO CASSETTE, OR OTHER FORMS TO
MEET SPECIAL NEEDS**



*The application is provided to you in Adobe Acrobat or Microsoft Word for Windows.
You may request a paper copy by contacting the IAC.*

Grant Program for Statewide Arts Service Organizations

Notice of Intent Deadline

**February 1, 2005
11:59 p.m. EST**

Documentation Deadline

**March 1, 2005
4:30 p.m. EST**

Application Deadline

**March 1, 2005
11:59 p.m. EST**

Grant Period *Between*

***July 1, 2005 and
June 30, 2006***

150 W. Market St., Suite 618
Indianapolis, IN 46204
www.in.gov/arts
IndianaArtsCommission@iac.in.gov
317/232-1268 Voice
317/233-3001 TTY

SAMPLE NOTICE OF INTENT TO APPLY FY 2006 – FY 2007

Grant Program for Multi-regional Statewide Arts Service Organizations (SWASO), Capacity Building Program (CBP) or Multi-Regional Major Arts Institutions (MOS).

All organizations intending to apply for FY 2006 funding in the **Statewide Arts Service Organization** category or FY2006 – FY2007 funding in the **Multi-Regional Major Arts Institutions** grant categories must submit this notice to the IAC by midnight, **FEBRUARY 1, 2005**. The FY2006 – FY2007 **Capacity Building Program** grant category must submit this notice to the IAC by midnight, **FEBRUARY 14, 2005**.

The IAC will consult with all applicants in this category to confirm the organization's eligibility to apply for this category or to discuss other funding options available from the IAC or the organization's local Regional Arts Partner.

*ORGANIZATION LEGAL NAME		
*CITY		
*STATE		
*ZIP		
*NAME OF CONTACT PERSON		
CONTACT TITLE		
CONTACT TELEPHONE		
FAX		
*E-MAIL		
*Check the box next to the program you intend to apply:		
<input type="checkbox"/> Statewide Arts Service Organizations (SWASO)	<input type="checkbox"/> Capacity Building Program (CBP)	<input type="checkbox"/> Multi-Regional Major Arts Institution (MOS)
*Is this the first time the organization will apply in this category?		
<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*(For MOS Applicant ONLY)		
Annual independent financial audit is being submitted with (check one):		<input type="checkbox"/> Notice of Intent form
		<input type="checkbox"/> Grant Application
*(For SWASO Applicant ONLY)		
Briefly describe your intended project in the space provided:		
Intended Amount Request:		
<input type="checkbox"/>		
Checking this box certifies the above named organization intends to apply for IAC support in the category box checked above (FY2006 in the SWASO category or FY2006 – FY2007 in the Capacity Building Program or Multi-Regional Major Art Institutions category). The organization understands that it may not apply for funding from both the IAC and any Regional Arts Partner in the same fiscal year for state arts funds.		
*Name of Authorizing Official		
*Date		



Indiana Arts Commission
150 W. Market St., Suite 618
Indianapolis, IN 46204-2812
317/232-1268 317/233-3001 TTY
IndianaArtsCommission@iac.in.gov
www.in.gov/arts

Applicant Legal Name:

Address (street, city, state, ZIP+4):

Telephone:

FAX:

E-mail/Web site address:

Application Contact Person (Name, Title, Address, Telephone, FAX, e-mail)

Authorizing Official who signs application (Name, title, and telephone)

Federal Employer Identification Number:

DUNS Number

Data Universal Numbering System (DUNS) Call Dun & Bradstreet at 1-866-705-5711 or 1-610-882-7000. The DUNS number can be obtained from www.dnb.com/us/duns_update.

Legislative Districts: Based on your street address, enter one legislative district number for each of the government branches listed below. The Indiana Arts Commission is the recipient of funds from the State and Federal government and will use the information below to notify your legislators of the results of all IAC funding decisions. If you do not know your correct district numbers, go to www.vote-smart.org/index.phtml or <http://www.monroegreens.org/Campaign2002/voterReg2.pdf> to find the information based on your ZIP+4. **Do not leave this question blank.**

Indiana House # _____ Indiana Senate # _____ U.S. Congress # _____

COMPLIANCE STATEMENT - *The undersigned certifies that s/he (1) is a principal officer of the Applicant with authority to obligate it, and (2) has read the guidelines incorporated herein by reference, and (3) will comply with all guidelines, including federal and state statutes prohibiting discrimination against any person on the basis of race, color, national origin, gender, age, religion, or physical or mental disability. The organization understands that it may not apply for state or federal funding from both the IAC and any Regional Partner Organization in the same fiscal year.*

Signature of Authorizing Official

Date Signed

Applicant name:

DEMOGRAPHIC INFORMATION

The Indiana Arts Commission requires the following data. *Estimates are acceptable.* You will be asked to report actual figures on the Final Grant Report.

● **NUMBER AND CHARACTERISTICS OF PEOPLE SERVED**

CHARACTERISTIC	ALL PERSONS SERVED <i>(Number)</i>	ARTISTS SERVED <i>(Number)</i>	GOVERNING BODY <i>(Number)</i>	VOLUNTEERS <i>(Number)</i>	STAFF <i>(Number)</i>
<u>RACE /ETHNICITY</u>					
a. Asian	_____	_____	_____	_____	_____
b. Black/African American	_____	_____	_____	_____	_____
c. Hispanic/Latino	_____	_____	_____	_____	_____
d. American Indian/Alaska Native	_____	_____	_____	_____	_____
e. Native Hawaiian/Pacific Islander	_____	_____	_____	_____	_____
f. White	_____	_____	_____	_____	_____
g. TOTAL (Add a. - f.)	_____	_____	_____	_____	_____
<u>AGE</u>					
h. Total Children (under 18)	_____	_____	_____	_____	_____
i. Total Seniors (65 and above)	_____	_____	_____	_____	_____
<u>DISABILITY</u>					
j. Total Persons with Disabilities	_____	_____	_____	_____	_____

PROPOSED SERVICE AREA

PROPOSED SERVICE AREA

By checking the appropriate boxes, indicate the service area for your proposed activities for the two-year grant period. Major Arts Institutions must provide services to at least **two** IAC-designated regions.

(Check Boxes)

Region One:		Region Two:		Region Three:	
Lake		Elkhart	Marshall	Allen	Noble
LaPorte		Fulton	Starke	DeKalb	Stuben
Porter		Kosciusko	St. Joseph	Huntington	Wabash
				LaGrange	Wells
				Miami	Whitley
Region Four:		Region Five:		Region Six:	
Benton	Montgomery	Adams	Jay	Clay	
Carroll	Pulaski	Blackford	Madison	Parke	
Cass	Tippecanoe	Delaware	Randolph	Putnam	
Fountain	Tipton	Fayette	Rush	Sullivan	
Howard	Warren	Grant	Union	Vigo	
Jasper	White	Henry	Wayne	Vermillion	
Newton	Clinton				

Region Seven:		Region Eight:		Region Nine:	
Boone	Johnson	Brown	Monroe	Bartholomew	Jackson
Hamilton	Marion	Greene	Owen	Dearborn	Jennings
Hancock	Morgan	Lawrence		Decatur	Ohio
Hendricks	Shelby			Franklin	Ripley
					Switzerland
Region Ten:		Region Eleven:		Region Twelve:	
Gibson	Posey	Crawford	Martin	Clark	Jefferson
Knox	Warrick	Daviess	Orange	Floyd	Scott
Pike	Spencer	Dubois	Perry	Harrison	Washington
	Vanderburgh				

PROPOSAL INFORMATION

● PROPOSAL SUMMARY

In the space provided, summarize your proposal and how you plan to use the IAC funds requested in this application. Your answer is limited to 1500 characters.

- Project beginning date ____/____/____ Project ending date ____/____/____
- Please select from the following list the goal or goals that your proposal will address. All projects should address C.
 - ____ a. Maximize public and private resources for the arts.
 - ____ b. Provide access to a wide range of artistic expressions.
 - X c. Strengthen the capacities of artists and arts providers.
 - ____ d. Strengthen education, economic development, and tourism.
 - ____ e. Increase awareness of the value of the arts.

APPLICATION NARRATIVE AND SUPPORT MATERIALS

The narrative portion of your application is divided into two sections. The first section will provide information about your organization and its capacity to provide the proposed programs and services for the period covered by this grant. The second narrative section will provide detailed information about the proposed project.

Any additional support materials that need to be submitted with your application are listed in these two sections. Submit only the requested materials.

Submit your narrative responses. There is no minimum or maximum length for each item.

Enter your organization's legal name at the top of each page along with your e-mail address.. Label each section for clarity. Answer questions in the order listed below. Clearly label all required attachments.

It is important that the advisory panel reviewing SWASO applications has similar information from all applicants. Provide them with complete information about your organization and programs by answering all the questions. Be concise, clear, and as brief as possible in your responses. Panelists read many applications. Long wordy narratives are difficult to understand and remember. Panelists are more likely to retain information that summarizes key elements, is clearly presented, and is to the point.

ABOUT YOUR ORGANIZATION (FILL IN BOXES)

This section will help the advisory panel understand the administrative structure, financial status, and decision-making processes of your organization. To help them understand how your organization functions and its capacity to provide the proposed activities, please answer the following:

- **Mission Statement**

What is the mission and primary purpose of your organization?

- **Governance and Management**

Describe the responsibilities of your volunteer governing body. How often does the board meet? Who is the staff person responsible for management and daily operations of the organization? Include the date your organization was incorporated. Briefly describe key positions in management (staff and/or volunteer).

- **Board Positions:** Provide your most current governing board roster. Mark the check box in the column with a cross (+) to indicate board member holds an office, and an asterisk (*) to indicate if board member represents an ethnicity other than “white/Caucasian.”

Board member Name:	Address	*	+	County	Occupation or Arts Interest
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

- **Financial Status**

Describe your current financial position; include an explanation of any significant changes in your operating budget over previous years. What plans are in place for long-term resource development? Is there a current year operating deficit? If so, what plans are in place to reduce the deficit?

- **Long-range Planning**

Describe the organization’s long range planning process. Who is responsible for documenting goal attainment and how is this done? How often does the board review implementation progress? How often is the long-range plan updated?

ABOUT YOUR PROPOSED PROJECT

- Program planning

Describe your organization's systematic process for determining the training and technical assistance needs of your membership/constituents. Describe the method used to collect this data, and the process and frequency with which it is analyzed. How does this analysis impact the organization's strategic planning process? How have you evaluated the effectiveness and efficiency of your organization's delivery of technical assistance? Does your organization use outside evaluators?

1. Program timetable

Provide a timetable of implementation steps for the project. You should include a brief description of the task, personnel responsible, and deadline for each implementation step.

[illegible]

- **Goals and Activities**

What is the goal of this project? Describe what you plan to do, when the activities will occur, where and how the project will take place, and how the activities will happen. Explain the relationship of your proposal's goals to your organization's mission/purpose.

- **Personnel**

Who are the key personnel to be involved? How and why were these people selected? Who will manage the project? Describe this person's general responsibilities.

- **Educational Efforts**

Describe the educational goals and activities of the project. Briefly describe your organization's arts education philosophy and outreach activities. If applicable, describe educational activities for children and adults that will take place outside school-based settings.

- **Public Outreach/Audience**

Describe the statewide or multi-regional target audience for this project. What under-served populations will be reached? Discuss briefly your organization's accessibility provisions for this proposal (e.g., special seating, adaptive devices, targeted marketing, location of service, low cost ticket, etc.). Describe how your target audience has been involved in the implementation of this project.

- **Promotion and Marketing**

Describe plans for statewide or multi-regional marketing, media, and other promotional activities. How will you reach and involve under-served populations, including people with special needs?

- **Outcomes and Evaluation**

Describe plans for evaluating the value and impact of the project, including methods, activities, and timetable. How will the target audience be involved in evaluation activities? Describe how past evaluation findings have been used to improve programs and services.

2. **Printed promotional materials**

All applicants should include representative printed promotional materials (but not more than three pieces). These may include information about previously successful programs, or projects (i.e., programs, catalogues, newspaper articles, etc.). These materials should be carefully selected and must compare in size with the application page; oversized pieces will not be accepted. **This will need to be in the IAC office by 4:30 p.m. EST, Tuesday, March 1, 2005 and will be sent under separate cover.**

Additional Submissions:

If you are a first-time applicant to the IAC, or if your organization has changed its legal name, or other changes have been made since these documents were last submitted to the IAC, you are required to submit a new copy with your application. Submit the specified number of HARDCOPIES of the following to the IAC office by the deadline:

UPDATE IF NEEDED

1. Articles of Incorporation or Enabling Legislation (**1 copy**) - This item must be submitted by first-time applicants or if it has been revised since last submitted to the IAC. If needed, request a duplicate copy from the Secretary of State's office at 317/232-6576.
2. IRS Determination Letter of Tax Exempt Status (**1 copy**) - This item must be submitted by first-time applicants or if it has been revised since last submitted to the IAC.

PROJECT BUDGET SUMMARY

Complete the chart below to reflect your proposed project budget. Round all figures to the nearest dollar; no decimals. Contact the IAC if you would like a definition of any of the categories.

ESTIMATED EXPENSES	Column A CASH	Column B IN-KIND	Column C TOTAL
1. Personnel-Administrative	\$	\$	\$
2. Personnel-Artistic			
3. Personnel-Technical/Production			
4. Outside Artistic Fees and Services			
5. Outside Other Fees and Services			
6. Space Rental			
7. Travel/Transportation			
8. Marketing/Publicity/Promotion			
9. Remaining Operating Expenses			
10. Capital Expenditures-Acquisitions			
11. Capital Expenditures-Other			
12. Total Cash Expenses	\$		
13. Total In-kind		\$	
14. Total Expenses -add lines 12 and 13			\$

ESTIMATED INCOME	\$
15. Admissions	
16. Contracted Services Revenue	
17. Other Revenue	
18. Corporate Support	
19. Foundation Support	
20. Other Private Support	
21. Government Support-Federal	
22. Government Support-Regional/State	
23. Government Support-Local	
24. Other Applicant Cash	
25. Total Non-IAC Cash Income - add lines 15 - 24	
26. IAC REQUEST	
27. Total Cash Income - add lines 25 and 26; same amount as line 12	
28. Total In-kind (from line 13)	
29. Total Income - add lines 27 and 28; same amount as line 14	\$

Additional Required Submissions:

*BUDGET LINE ITEM DETAIL

Provide a detailed line-by-line breakdown of the budget summary provided on this page, identifying what expenses and income (by source) are included in each segment of the budget above. The explanation must provide sufficient detail so that the reader can easily understand how the amount listed for each line item was determined.

*Current strategic or long-range plan

***Annual Financial Statement**

All applicants must provide an un-audited financial statement for the most recently completed fiscal year. A financial statement is a public document that indicates the financial status of your organization at the close of the fiscal year. It should reflect information for the entire fiscal year, including individually categorized income and expenses, and beginning and ending fund balances. It is most helpful when it compares actual income and expenses to either budgeted amounts for the same year or actual amounts for the previous year

***Job Description**

Chief paid administrative staff person (i.e., executive director)

***Membership or constituent list**

Provide a listing of current members including their counties of residence. Membership must include persons from at least two IAC-designated regions.

ACCESSIBILITY STATEMENT

All applicants must complete this form.

THE APPLICANT, _____:
(insert name of applicant organization here)

- **ASSURES** that all *arts programs, services, and activities* made possible with Indiana Arts Commission funding and all *facilities* in which such programs, services, and activities are held (whether owned, leased, or donated to the Applicant) will be accessible to people with special needs, in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 OR will provide readily achievable reasonable accommodation as warranted.
- **ASSURES** that this warranty is based on: (check all applicable)
 - ☐ Independent accessibility assessment, completed by: _____
(Name, title, date)
 - ☐ Applicant self-assessment, completed by: _____
(Name, title, date)
 - ☐ Recommendations from a citizen advisory committee composed of persons with disabilities.
 - ☐ Other (specify): _____
- **ASSURES** that materials supporting this statement are maintained on file and are available for review.

Signature, Authorizing Official

Date Signed

Title of Authorizing Official

Telephone Number

Note: a sample accessibility self-assessment checklist is provided for your information in Appendix C in the Guidelines.